

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>005004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  <b>02/25/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>FRANCISCAN ST MARGARET HEALTH - HAMMOND</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5454 HOHMAN AVE HAMMOND, IN 46320</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
S 000	<p>INITIAL COMMENTS</p> <p>The visit was for investigation of a State hospital complaint.</p> <p>Complaint Number: IN 00158976 Substantiated: No deficiencies related to the allegations are cited. An unrelated deficiency is cited.</p> <p>Date: 2-25-15</p> <p>Facility Number: 005004</p> <p>Surveyor: Brian Montgomery, RN, BSN Public Health Nurse Surveyor</p> <p>QA: cloughlin 03/25/15</p>	S 000		
S 912	<p>410 IAC 15-1.5-6 NURSING SERVICE</p> <p>410 IAC 15-15-6 (a)(2)(B)(i)(ii) (iii)(iv)(v)</p> <p>(a) The hospital shall have an organized nursing service that provides twenty-four (24) hour nursing service furnished or supervised by a registered nurse. The service shall have the following:</p> <p>(2) A nurse executive who is:</p> <p>(B) responsible for the following:</p> <p>(i) The operation of the services, including, but not limited to, determining the types and numbers of nursing personnel and staff necessary to provide care for all patient care areas of the hospital.</p> <p>(ii) Maintaining a current nursing</p>	S 912		4/6/15

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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S 912	<p>Continued From page 1</p> <p>service organization chart.</p> <p>(iii) Maintaining current job descriptions with reporting responsibilities for all nursing staff positions.</p> <p>(iv) Ensuring that all nursing personnel meet annual in-service requirements as established by hospital and medical staff policy and procedure, and federal and state requirements.</p> <p>(v) Establishing the standards of nursing care and practice in all settings in which nursing care is provided in the hospital.</p> <p>This RULE is not met as evidenced by: Based upon document review and interview, the nurse executive failed to ensure that the policy/procedure Incident Reporting and Investigation Policy (revised 4-11) was followed for 1 of 5 (patient# 27) medical records (MR) reviewed.</p> <p>Findings:</p> <p>1. The policy/procedure Incident Reporting and Investigation Policy (reviewed 4-11) indicated the following: "The facts surrounding the incident must be documented in the medical record to assure the continuum of care."</p> <p>2. Administrative documentation provided for review indicated that patient 27 experienced a fall witnessed by nursing staff on 9-21-11 between 1700 and 1800 hours. The documentation indicated after the fall event that PT27 was assisted up to a chair and back to bed by three nursing staff, that a physician was notified, and</p>	S 912		

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S 912	<p>Continued From page 2</p> <p>that a patient self-releasing safety belt was applied to the patient.</p> <p>3. The MR for patient 27 failed to indicate documentation on 9-21-11 between 1700 and 1800 hours describing a fall event, vital signs obtained after the fall, physical and neurologic assessment by a nurse with findings and actions, clinician/physician communication about the fall, or a post- fall risk re-assessment.</p> <p>4. During an interview on 2-25-15 at 1235 hours, the regional director of quality A3 confirmed the MR for PT27 lacked documentation of a fall event on 9-21-11 including a post- fall assessment by a nurse with findings and actions, clinician communication, or a post- fall risk re-assessment.</p>	S 912			